FORM 110

The Commonwealth of Massachusetts

Department of Industrial Accidents – Department 110



600 Washington Street – 7th Floor, Boston, Massachusetts 02111 Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470 http://www.mass.gov/dia DIA Board # (If Known):

EMPLOYEE'S CLAIM

FOR USE BY EMPLOYEES OR DEPENDENTS CLAIMING BENEFITS AS A RESULT OF INJURY OR DEATH. ALL OTHER CLAIMANTS SHOULD USE FORM 115

IMPORTANT - INSTRUCTIONS AND CODES ON THE REVERSE SIDE - Please Print Legibly or Type - Unreadable forms will be returned.

	1. Employee's Name (Last, First, MI):		2. So	ocial Security Number*:	3. Home Tele	phone No.:	4. Number	r of Dependents:	
E M P	5. Home Address (No., Street, City, State & Zip Code):				6. Date of Birth:				
L O Y E	7. Name of Employee's Attorney (Last	, First, MI) and Board of Bar O	versee	rs Number (if no attorne	y leave blank)	**:			
E	8. Attorney's Address:					9. Attorney's Telephone No.:			
E M P	10. Employer's Name & Address (No., Street, City, State & Zip Code):				10a. Industry Code (See Reverse Side):				
L O Y E R	11. Workers' Compensation Insurance C	Carrier's Address and Tel. No. (NOT L	OCAL AGENT/ADMINIS	FRATOR - See I	nstructions on re	everse side):		
I	12. DATE OF INJURY (mm/dd/yyyy):								
J U	13. FIRST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):			14. FIFTH day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):					
	15. If Employee has Died, Date of Death (mm/dd/yyyy): 16. Describe Injury (Lo				ower Back, leg, arm etc.):				
	17. Briefly Describe How Injury/Exposure Occurred and Body Part(s) involved:						ody part a		
	18. Name(s) of Witness(es):						ody part body part c		
	19. Employee's Regular Occupation:	20. Average Weekly Wage:		Actual Estimated	21. Has Emp	oloyee Returne			
I O N	22. Has the Insurer Made Any Payments On Your Claim? Yes No If Yes - Indicate Type of Benefits and Amounts (Medical Bills, Wages, etc.):								
	23. Section(s) of Law Claimed. Check a	all appropriate boxes below and	attach						
B E				toand					
N E F	b. Sec. 35 Partial Incapacity Comp								
I T		froi	m		to _				
S C	c. Sec. 36 Specific Comp. in the Amount of \$								
L A I M E	24. Name and Address of Facility Where Employee was First Treated:					25. Name of Treating Physician:			
	26. Employee's/Claimant's Signature:						27. Date (mm/dd/yyyy):		
D	28. Attorney's Signature (if applicable)	:				29. Date (mm	n/dd/yyyy):		

EMPLOYEE'S CLAIM FILING INSTRUCTIONS

- 1. WHEN TO FILE: File this form if you have been injured on the job and your employer's workers' compensation insurer (the insurer) has denied your initial claim and/or is disputing any part of your claim and refuses to pay the compensation that you believe you are entitled. Please fill out the form completely and accurately. The Department of Industrial Accidents (DIA) is the agency that handles all disputed workers' compensation claims. You do not need to be represented by an attorney in order to file a Form 110. You may represent yourself in your claim. The term that applies to self representation is PRO SE. Initiating a claim PRO SE does not prevent you from getting an attorney later. If you need assistance, please call 1-800-323-3249 ext. 470.
- 2. WHERE TO FILE: The original form must be mailed to the DIA at the address shown on the front of the form. A copy must also be provided to the employer as well as the insurer. We recommend that the employee keep a third copy for their own records. When an employee is represented by counsel, this form must be sent via certified mail to the insurer. Please be advised - claims for compensation must be accompanied by proper documentation in accordance with M.G.L. c. 152, §7G & 452 CMR 1.07.
- 3. EMPLOYER'S REQUIREMENTS: The law requires that all employers in Massachusetts carry a valid workers' compensation insurance policy at all times for all of their employees in the event of an industrial injury. Also, the employer must provide the name and address of the workers' compensation insurer upon request of an employee. If the employer refuses to provide this information or does not carry workers' compensation insurance, notify the DIA immediately.
- 4. EMPLOYEE'S SIGNATURE & DATE IN BOXES 26 & 27: This form may be filed by the Employee or the Employee's Attorney (if applicable). However

	INDUST	RY CODES	
aniaultura Faraster and Fishina	28 Chemicals and Allied Products	51 Wholesale Trade - Non-durable Goods	70 M .: P' .
griculture, Forestry and Fishing 1 Agriculture Production - Crops	29 Petroleum and Coal Products	Retail Trade	78 Motion Pictures 79 Amusements and Recreation Services
2 Agriculture Production - Crops	30 Rubber and Misc. Plastic Products	52 Building Materials and Garden Supplies	80 Health Services
7 Agricultural Services	31 Leather and Leather Products	53 General Merchandizing	81 Legal Services
8 Forestry	32 Stone, Clay and Glass Products	54 Food Stores	82 Educational Services
9 Fishing, Hunting and Trapping	33 Primary Metal Industries	55 Automotive Dealers and Service Stations	83 Social Services
	34 Fabricated Metal Products	56 Apparel and Accessory Stores	84 Museums, Botanical, Zoological Gardens
Mining	35 Industrial Machinery and Equipment	57 Furniture and Home Furnishing Stores	86 Membership Organizations
0 Metal Mining	36 Electronic and Other Electrical Equipment	58 Eating and Drinking Establishments	87 Engineering and Management Services
2 Coal Mining 3 Oil and Natural Gas	37 Transportation Equipment	59 Miscellaneous Retail	88 Private Households
4 Nonmetallic Minerals, Except Fuels	38 Instruments and Related Products		89 Services, NEC
	39 Miscellaneous Manufacturing Industries	Finance, Insurance and Real Estate	**************************************
Construction	Transportation and Public Utilities	60 Depository Institutions 61 Non-depository Institutions	Public Administration
5 General Building Contractors	40 Railroad Transportation	62 Security and Commodity Brokers	91 Executive, Legislative and Garden 92 Justice, Public Order, and Safety
6 Heavy Construction, Ex. Building	41 Local and Interurban Passenger Transit	63 Insurance Carriers	93 Finance, Taxation, and Monetary Benefits
7 Special Trade Contractors	42 Trucking and Warehousing	64 Insurance Agents, Brokers and Service	94 Administration of Human Services
<u>Ianufacturing</u>	43 U.S. Postal Service	65 Real Estate	95 Environmental Quality and Housing
0 Food and Kindred Products	44 Water Transportation	67 Holding and Other Investment Officers	96 Administration of Economic Program
1 Tobacco Products	45 Transportation by Air	•	97 National Security and International Affairs
2 Textile Mill Products	46 Pipelines, Except Natural Gas	Services	
3 Apparel and Other Textile Products	47 Transportation Services	70 Hotels and Other Lodging Places 72 Personal Services	Non-classifiable Establishments
4 Lumber and Wood Products	48 Communications 49 Electric, Gas and Sanitary Services	72 Personal Services 73 Business Services	99 Non-classifiable Establishments
5 Furniture and Fixtures	4) Electric, Gas and Saintary Services	75 Auto Repair Services and Parking	
6 Paper and Allied Products	Wholesale Trade	76 Miscellaneous Repair Services	
7 Printing and Publishing	50 Wholesale Trade - Durable Goods	,	
	NATURE OF INJUR	Y OR ILLNESS CODES	
00 Amputation or Erucloation	157 Tuberculosis	281 Aluminosis	<u>Other</u>
10 Asphyxia or Strangulation Etc.	159 Other Infective or Parasitic Diseases	282 Anthracosis	265 Carpal Tunnel Syndrome
20 Burns (Heat)	<u>Dermatitis</u>	283 Asbestosis	510 Cardiovascular and Other Conditions
80 Burns (Chemical)	180 Dermatitis, UNS*	284 Byssinosis	of the Circulatory System
40 Concussion	183 Primary Infections of the Skin184 Other Skin Conditions	285 Siderosis 286 Silicosis	520 Complications Peculiar to Medical Care500 Effects of Changes in Atmospheric
60 Contusion, Crushing, Bruise 70 Cut, Laceration, Puncture	185 Dermatitis, Allergenic or Contact	287 Other Pneumoconioses	Pressure
90 Dislocation	189 Skin Condition, NEC**	289 Pneumoconiosis and Tuberculosis	240 Effects of Environmental Heat
00 Electric Shock, Electrocution	Poisoning Systemic	Nervous System, Conditions of	220 Effects of Exposure to Low Temperature
10 Fracture	270 Poisoning, Systemic, UNS*	560 Nervous System, Conditions of - NEC**	530 Eye, other Diseases of the Eye
50 Hernia, Rupture	271 Due to Toxic Materials other than Lead	561 Diseases of the Central Nervous	230 Hearing Loss or Impairment
00 Scratches, Abrasions	272 Diseases of the Blood and Blood Forming	System	991 Heart Condition ,Excludes Heart Attack
10 Sprains, Strains	Organs	562 Diseases of the Nerves and Peripheral	320 Hemorrhoids
00 Multiple Injuries	273 Upper Respiratory Conditions	Ganglia	330 Hepatitis, Serum and Infective
00 No Injury	274 Influenza, Pneumonia, Etc.	Neoplasm Tumor	275 Hepatitis, Toxic
50 Damage to Prosthetic Devices	276 Other Diseases of the Gastro-Intestinal	550 Neoplasm Tumor, UNS*	260 Inflammation of Joints, Etc.
95 No Other Injury, NEC**	Tract	551 Malignant	540 Mental Disorders
99 Non-classifiable	278 Effects of Lead	552 Benign	900 No Illness
Infective or Parasitic Disease O Infective or Parasitic Disease, UNS*	279 Other Toxic Effects of One System Only	Radiation Effects 290 Radiation Effects, UNS*	999 Non-classifiable 990 Occupational Disease, NEC**
51 Amebiasis	Respiratory Systems, Conditions of 570 Respiratory Systems, Conditions of	290 Radiation Effects, UNS* 291 Non-Ionizing Radiation	580 Symptoms and Ill-defined Conditions
52 Anthrax	571 Upper Respiratory	292 Microwaves	222 Symptoms and III defined Conditions
53 Brucellosis	572 Asthma, Influenza, Pneumonia	293 Ionizing Radiation - X-Ray	
54 Conjunctivitis and Opthalmia	Pneumoconiosis	294 Ionizing Radiation - Isotopes	
56 Tetanus	280 Pneumoconiosis	295 Welder's Flash	
	BODY PART A	FFECTED CODES	
ead	160 Skull	398 Upper Extremities, Multiple	513 Knee(s)
00 Head, UNS*	198 Head Multiple	400 Trunk, UNS*	515 Lower Leg(s)
10 Brain	200 Neck & Cervical Vertebrae	410 Abdomen, Internal Organs,	518 Leg(s), Multiple
20 Ear(s), UNS*	<u>UPPER EXTREMITIES</u> 300 Upper Extremities, NEC**	Inguinal Hernia 420 Back	519 Leg(s), NEC**
21 Ear(s), External 24 Ear(s), Internal	300 Upper Extremities, NEC** 310 Arm(s), UNS*	420 Back 430 Chest, Ribs, Breastbone,	520 Ankle(s) 530 Foot or Feet, Not Ankle
30 Eye(s), UNS*	310 Arm(s), UNS* 311 Upper Arm	Internal Organs	540 Toe(s)
40 Face, UNS*	313 Elbow(s)	440 Hip(s),Pelvis, Organs and	598 Lower Extremities, Multiple
1 Jaw, Chin	315 Forearm(s)	Buttocks	700 MULTIPLE PARTS
4 Mouth and Throat (vocal chords, larynx)	318 Arm(s), Multiple	450 Shoulder(s)	Applies when more than one major body
44 IVIOUUI and Throat (vocal chords, larviix)	V-77		
	319 Arm(s), NEC**	498 Trunk, Multiple	as been effected such as an arm and a lea
46 Nose	319 Arm(s), NEC** 320 Wrist(s)	498 Trunk, Multiple LOWER EXTREMITIES	as been effected such as an arm and a leg 999 NON-CLASSIFIABLE - Insufficient infor
44 Mouth and Throat (Vocal chords, raryhx) 46 Nose 48 Face, Multiple Parts 49 Face, NEC**			